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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/594,920 09/29/2006 Kazuwa Nakao 1254-0328PUS1 5293 TITLE OF INVENTION: A METHOD OF TREATING ARTHRITIS AND PROMOTING GROWTH OF ARTICULAR CHONDROCYTES						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/16/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	7		
HOWARD, ZACHARY C		1646	514-013000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney o	a single firm (having as a member a ey or agent) and the names of up to nt attorneys or agents. If no name is		
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Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🖾 Corporation or other private group entity 📮 Government						
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Typed or printed name	Gerald M. Murphy	/, Jr.		Registration N	o. <u>28,977</u>	
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